

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	MEDICAL MEMBRANE FOR STIMULATING TISSUE FORMATION
Attorney Docket Number::	10642.9USWO
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

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## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Domonkos
Middle Name::	
Family Name::	HORVATH
Name Suffix::	
City of Residence::	Jestetten
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Bahnhofstrasse 24
City of mailing address::	Jestetten
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-79798

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Switzerland
Status::	Full Capacity
Given Name::	Felix
Middle Name::	
Family Name::	LUTZ
Name Suffix::	
City of Residence::	Feldmeilen
State or Province of Residence::	
Country of Residence::	Switzerland
Street of mailing address::	Im Schonacher 28

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City of mailing address:: Felmeilen  
State or Province of mailing address::  
Country of mailing address:: Switzerland  
Postal or Zip Code of mailing address:: CH-8706

### Correspondence Information

Correspondence Customer Number:: 23552

### Representative Information

Representative Customer Number::	23552
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### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	199 26 438.4	06/10/99	Yes
Germany	199 48 787.1	10/10/99	Yes

### Assignee Information

Assignee Name:: IVOCLAR VIVADENT AG  
Street of mailing address:: Bendererstrasse 2  
City of mailing address:: Schaan  
State or Province of mailing address::  
Country of mailing address:: Liechtenstein  
Postal or Zip Code of mailing address:: FL-9494

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